



State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: West Lake Alice Water System #1	Phone No: 425-222-6242	Other No: 206-999-2022
Address: 33321 SE 76th ST		
City: Fall City	State: WA	Zip: 98024
Email Address (optional): ruthpick@juno.com		

Contact Name (if different from above): Ruth Pickering	Phone No: same	Other No: same
Relationship to Applicant: Water System Representative		
Address: same as above		
City: same as above	State:	Zip:
Email Address (optional): same as above		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project:
EXISTING (since 1981) West Lake Alice Water System #1 (Type B) is applying for
Water Right Permit

Anticipated length of time to complete your project: **existing**

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic water use			
by nine households	not known		CONTINUOUS
TOTAL:			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

For Ecology Use	APPLICATION NO: 61-28614	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	BCY Coding: 001-001-WR1-0285-000011
Date Returned: _____	By: _____ Priority Date: 3/24/09	By: DS WRIA: 7

A.) If Surface Water Source <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>NA</u> Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO				B.) If Ground Water Source <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Well diameter & depth: <u>236 ft deep, diam unkn.</u> Number of proposed points of withdrawal: <u>1</u> Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____			
C.) Point of Diversion/Withdrawal – Legal Description							
Parcel No.	1/4	1/4	Section	Township	Range	County	
2724079043		SE	27	T24N	R7E	KING	
Lot(s)	Block(s)		Subdivision			Legal descr. attached	
2			KC Short Plat 1078103				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) NOT KNOWN from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							
Parcel No.	1/4	1/4	Section	Township	Range	County	
NA							
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

KING COUNTY PROPERTY REPORTS ATTACHED FOR EACH OF THE NINE DISTRIBUTION PARCELS						
1/4	1/4	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

(existing)

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Drilled well, 236 ft in depth, opening at 236 ft. Well casing has sanitary seal; well log on file with SKCHD. Piping from source to pressure tank is 2-inch PVC Schedule 40. Pressure tank (450 gal) is vertical ASME tank. Expansion of equipment house and upgrade to 1000 gal above-ground reservoir was done in 2007. Source pump is Gould 4-inch submersible pump, Model 10GS10412, 1 hp. Reservoir pump is Sta-Rite Centrifugal Pump, Model HMSF-1F, 1.5 hp.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____ NA	Present population to be served water: _____ NA
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved <u>Sept./ 8 / 1981</u> Water System Number: <u>088898</u>	
Name of water system: <u>West Lake Alice Water System #1</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____ _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation NA

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: 15 alpacas on Parcel #1

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses NA

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66): NA

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower NA

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use NA

Describe use, method of supplying and utilizing water: _____

Other Use NA

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.







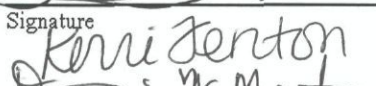

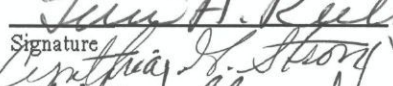
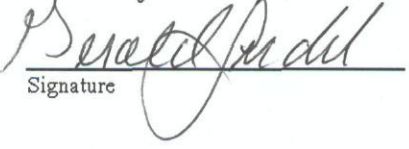
Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: I-90 east to Exit 22. North on Preston-Fall City Road approx. 4 miles. Turn right (east) on Lake Alice Road SE, continue approx 2.5 miles to Y. Stay right, on 337th PL SE. Take first right turn onto SE 74th ST. Continue to right turn onto SE 76th ST. After turning onto SE 76th, the first driveway on the left is to the residence at 33321 SE 76th. Shortly after that driveway, also on the left, is the access to the well house.

Site Address: 33321 SE 76th ST, Fall City, WA 98024

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Ruth Pickering Print Name (Applicant or authorized representative)	 Signature	<u>3/23/09</u> Date
1 Linda Lasure Ruth Pickering Print Name (Landowner of Place of Use)	 Signature	<u>March 15, 2009</u> Date
2 Swenson, Karl A. Print Name (Landowner of Place of Use)	 Signature	<u>3/21/09</u> Date
3 Patterson, Stanley C. Print Name (Landowner of Place of Use)	 Signature	<u>3/20/2009</u> Date
Harold S. Henry 4 Melanie Henry Print Name (Landowner of Place of Use)	 Signature	<u>3/22/2009</u> Date
Vlaci, Frank F. 5 Vlaci, Adrienne Print Name (Landowner of Place of Use)	 Signature	<u>3/22/09</u> Date
Fenton, Kerri 6 Fenton, Dennis W. Print Name (Landowner of Place of Use)	 Signature	<u>3/22/09</u> Date
Reilly, Terrence P. 7 Reilly, Terri A. Print Name (Landowner of Place of Use)	 Signature	<u>3/16/09</u> Date
Strong, Cynthia G. 8 Clement, Christine J. Print Name (Landowner of Place of Use)	 Signature	<u>3/18/09</u> Date
9 Judd, Gerald E. Print Name (Landowner of Place of Use)	 Signature	<u>3-21-09</u> Date

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.
☐ Southwest ☒ Northwest ☐ Central ☐ Eastern